UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

AZIZ SALAAM,

Plaintiff,

-against-

CITY OF NEW YORK, et al.,

Defendants.

USDC SDNY DOCUMENT ELECTRONICALLY FILED DOC #: DATE FILED: 11/13/2023

22-CV-4155 (JPO) (BCM)

**ORDER** 

## BARBARA MOSES, United States Magistrate Judge.

The amended complaint form that the Court attached to its Initial Case Management Order (Dkt. 25) bears an incorrect case number. The Court regrets the error. Attached to this Order is a corrected form that plaintiff may use in filing his amended complaint.

The Clerk of Court is respectfully directed to mail a copy of this Order to plaintiff.

Dated: New York, New York November 13, 2023 SO ORDERED.

BARBARA MOSES

**United States Magistrate Judge** 

# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

| Write the full name of each plaintiff.                                                                                                                                                                                                                        | CV<br>(Include case number if one has been assigned) |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--|
| -against-                                                                                                                                                                                                                                                     | COMPLAINT                                            |  |
|                                                                                                                                                                                                                                                               | Do you want a jury trial? □ Yes □ No                 |  |
|                                                                                                                                                                                                                                                               | _                                                    |  |
| Write the full name of each defendant. If you need more space, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section II. |                                                      |  |

## **NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. BASIS FOR JURISDICTION

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation, and the amount in controversy is more than \$75,000, is a diversity case. In a diversity case, no defendant may be a citizen of the same State as any plaintiff.

| What is the basis for federal-court jurisdiction in your case?                                                                     |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| ☐ Federal Question                                                                                                                 |  |  |  |
| ☐ Diversity of Citizenship                                                                                                         |  |  |  |
| A. If you checked Federal Question                                                                                                 |  |  |  |
| Which of your federal constitutional or federal statutory rights have been violated?                                               |  |  |  |
|                                                                                                                                    |  |  |  |
|                                                                                                                                    |  |  |  |
|                                                                                                                                    |  |  |  |
| B. If you checked Diversity of Citizenship                                                                                         |  |  |  |
| 1. Citizenship of the parties                                                                                                      |  |  |  |
| Of what State is each party a citizen?                                                                                             |  |  |  |
| The plaintiff ,, is a citizen of the State of (Plaintiff's name)                                                                   |  |  |  |
| (Plaintiff's name)                                                                                                                 |  |  |  |
| (State in which the person resides and intends to remain.)                                                                         |  |  |  |
| or, if not lawfully admitted for permanent residence in the United States, a citizen or subject of the foreign state of            |  |  |  |
| If more than one plaintiff is named in the complaint, attach additional pages providing information for each additional plaintiff. |  |  |  |

| If the defendant is an individual:                                                     |                |                                       |
|----------------------------------------------------------------------------------------|----------------|---------------------------------------|
| The defendant, (Defendant's name)                                                      |                | , is a citizen of the State of        |
| or, if not lawfully admitted for permanen<br>subject of the foreign state of           |                |                                       |
| If the defendant is a corporation:                                                     |                | ·                                     |
| The defendant,                                                                         |                | , is incorporated under the laws of   |
| the State of                                                                           |                |                                       |
| and has its principal place of business in t                                           |                |                                       |
| or is incorporated under the laws of (forei                                            | gn state)      |                                       |
| and has its principal place of business in                                             |                | ·                                     |
| If more than one defendant is named in the cinformation for each additional defendant. | complaint, att | ach additional pages providing        |
| II. PARTIES                                                                            |                |                                       |
| A. Plaintiff Information                                                               |                |                                       |
| Provide the following information for each poages if needed.                           | laintiff name  | d in the complaint. Attach additional |
| First Name Middle Initial                                                              | Last           | Name                                  |
| Street Address                                                                         |                |                                       |
| County, City                                                                           | State          | Zip Code                              |
| Telephone Number                                                                       | Email Addre    | ss (if available)                     |

## **B.** Defendant Information

To the best of your ability, provide addresses where each defendant may be served. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are the same as those listed in the caption. Attach additional pages if needed.

| Defendant 1: |                                                                       |           |          |  |  |
|--------------|-----------------------------------------------------------------------|-----------|----------|--|--|
|              | First Name                                                            | Last Name |          |  |  |
|              | Current Job Title (or other identifying information)                  |           |          |  |  |
|              | Current Work Address (or other address where defendant may be served) |           |          |  |  |
|              | County, City                                                          | State     | Zip Code |  |  |
| Defendant 2: |                                                                       |           |          |  |  |
|              | First Name                                                            | Last Name |          |  |  |
|              | Current Job Title (or other identifying information)                  |           |          |  |  |
|              | Current Work Address (or other address where defendant may be served) |           |          |  |  |
|              | County, City                                                          | State     | Zip Code |  |  |
| Defendant 3: |                                                                       |           |          |  |  |
|              | First Name                                                            | Last Name |          |  |  |
|              | Current Job Title (or other identifying information)                  |           |          |  |  |
|              | Current Work Address (or other address where defendant may be served) |           |          |  |  |
|              | County, City                                                          | State     | Zip Code |  |  |

| Defendant 4:      |                                                                       |                                                                          |                         |  |
|-------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------|--|
|                   | First Name                                                            | Last Name                                                                | -                       |  |
|                   | Current Job Title (or other identifying information)                  |                                                                          |                         |  |
|                   | Comment West Adds                                                     | (                                                                        | adarah wasa ka asawasah |  |
|                   | Current Work Address (or other address where defendant may be served) |                                                                          |                         |  |
|                   | County, City                                                          | State                                                                    | Zip Code                |  |
| III. STATEME      | ENT OF CLAIM                                                          |                                                                          |                         |  |
| Place(s) of occur | rence:                                                                |                                                                          |                         |  |
|                   |                                                                       |                                                                          |                         |  |
| Date(s) of occurr | rence:                                                                |                                                                          |                         |  |
| FACTS:            |                                                                       |                                                                          |                         |  |
|                   | at each defendant pe                                                  | port your case. Describe what ha<br>ersonally did or failed to do that l |                         |  |
|                   |                                                                       |                                                                          |                         |  |
|                   |                                                                       |                                                                          |                         |  |
|                   |                                                                       |                                                                          |                         |  |
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|           | Page 6 |
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## V. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I agree to notify the Clerk's Office in writing of any changes to my mailing address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

| Dated                                                                                                                                                       |                      |      | Plaintiff's Signature             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------|-----------------------------------|
| First Name                                                                                                                                                  | Middle Initial       |      | Last Name                         |
| Street Address                                                                                                                                              |                      |      |                                   |
| County, City                                                                                                                                                | St                   | ate  | Zip Code                          |
| Telephone Number                                                                                                                                            |                      | _    | Email Address (if available)      |
| I have read the Pro Se (N☐ Yes ☐ No                                                                                                                         | Nonprisoner) Consent | to I | Receive Documents Electronically: |
| If you do consent to receive documents electronically, submit the completed form with your complaint. If you do not consent, please do not attach the form. |                      |      |                                   |

# Pro Se (Nonprisoner) Consent to Receive Documents Electronically

Parties who are not represented by an attorney and are not currently incarcerated may choose to receive documents in their cases electronically (by e-mail) instead of by regular mail. Receiving documents by regular mail is still an option, but if you would rather receive them only electronically, you must do the following:

- 1. Sign up for a PACER login and password by contacting PACER<sup>1</sup> at www.pacer.uscourts.gov or 1-800-676-6856;
- 2. Complete and sign this form.

If you consent to receive documents electronically, you will receive a Notice of Electronic Filing by e-mail each time a document is filed in your case. After receiving the notice, you are permitted one "free look" at the document by clicking on the hyperlinked document number in the e-mail.<sup>2</sup> Once you click the hyperlink and access the document, you may not be able to access the document for free again. After 15 days, the hyperlink will no longer provide free access. Any time that the hyperlink is accessed after the first "free look" or the 15 days, you will be asked for a PACER login and may be charged to view the document. For this reason, you should print or save the document during the "free look" to avoid future charges.

## **IMPORTANT NOTICE**

Under Rule 5 of the Federal Rules of Civil Procedure, Local Civil Rule 5.2, and the Court's Electronic Case Filing Rules & Instructions, documents may be served by electronic means. If you register for electronic service:

- 1. You will no longer receive documents in the mail;
- 2. If you do not view and download your documents during your "free look" and within 15 days of when the court sends the e-mail notice, you will be charged for looking at the documents;
- 3. This service does not allow you to electronically file your documents;
- 4. It will be your duty to regularly review the docket sheet of the case.<sup>3</sup>

<sup>&</sup>lt;sup>1</sup> Public Access to Court Electronic Records (PACER) (<a href="www.pacer.uscourts.gov">www.pacer.uscourts.gov</a>) is an electronic public access service that allows users to obtain case and docket information from federal appellate, district, and bankruptcy courts, and the PACER Case Locator over the internet.

 $<sup>^2</sup>$  You must review the Court's actual order, decree, or judgment and not rely on the description in the email notice alone. See ECF Rule 4.3

<sup>&</sup>lt;sup>3</sup> The docket sheet is the official record of all filings in a case. You can view the docket sheet, including images of electronically filed documents, using PACER or you can use one of the public access computers available in the Clerk's Office at the Court.

## **CONSENT TO ELECTRONIC SERVICE**

I hereby consent to receive electronic service of notices and documents in my case(s) listed below. I affirm that:

- 1. I have regular access to my e-mail account and to the internet and will check regularly for Notices of Electronic Filing;
- 2. I have established a PACER account;
- 3. I understand that electronic service is service under Rule 5 of the Federal Rules of Civil Procedure and Rule 5.2 of the Local Civil Rules, and that I will no longer receive paper copies of case filings, including motions, decisions, orders, and other documents;
- 4. I will promptly notify the Court if there is any change in my personal data, such as name, address, or e-mail address, or if I wish to cancel this consent to electronic service;
- 5. I understand that I must regularly review the docket sheet of my case so that I do not miss a filing; and
- 6. I understand that this consent applies only to the cases listed below and that if I file additional cases in which I would like to receive electronic service of notices of documents, I must file consent forms for those cases.

## **Civil case(s) filed in the Southern District of New York:**

| your pendii          |      | For each case, include the | this court, so please list all of case name and docket number |
|----------------------|------|----------------------------|---------------------------------------------------------------|
|                      |      |                            |                                                               |
| Name (Last, First, I | MI)  |                            |                                                               |
| Address              | City | State                      | Zip Code                                                      |
| Telephone Numbe      | r    | E-mail Address             |                                                               |
| Date                 |      | Signature                  |                                                               |

#### **Return completed form to:**

Pro Se Intake Unit (Room 200) 500 Pearl Street New York, NY 10007